	MARYLAND—	CERTIFICATE OF DEATH 00103
1. PLACE OF DEATH	107	
County Anne Aruno		Registration Dist. No.
Village or City Annapoli	(1	No. Emergency Hospital St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deal	th occurredyrsmos	ds. How long In U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Lillian	Baker	
(a) Residence: No. 120 Colle	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH Jan . 31 , 193 (Yoar) (Month) (Day) (Yoar)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of		22. I HEREBY CERTIFY. That I attended deceased from 31, 19 33
C DATE OF BIRTH / month down and was a	. 20 1002	Has sow her alive on James 30, 1933; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at $A = A_{-m}$.
60 5	3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular		Thronic Neshitis + Date of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	chool teacher	Chronic my acadetis Man
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc In Date deceased last worked et this occupation (month and year)	f1. Total time (years) spent In this occupation	V
12. BIRTHPLACE (city or town)	napolis,	Other Cantributory Causes of importance: Company Causes of importance: Other Cantributory Causes of importance: Other Cantributory Causes of importance:
(State or country) Ma. 1	ryland.	Oedera,
13. NAME alfred Owens L		
14. BIRTHPLACE (city or town)	. Co., Marvland.	Name of operation
	· · · · · · · · · · · · · · · · · · ·	What test confirmed diagnosis?
I		23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, sulcide, or homicide?
16. BIRTHPLACE (city or town)	arvland.	Where did injury occur?
17.INFORMANT Miss Bessie (Address) annapolis.		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Menner of injury
Place Cedar Bluff Cem	Date Feb. 2, 19 33	Nature of injury
19. UNDERTAKER John M. Taylo (Address) Annanolis. Mo		24. Was disease er injury in any way related to occupation of deceased?
20. FILED 1/2 , 1933 3	0 01	(Signed) Wollan Hatland M. D. (Address) August Wolls San M. D.
If more bla		2ALL N. Charles Street. Baltimore. Requesting V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis Le Company	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURDAU V. B				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	FFR 4 1933	July 5,1927	Peritonitis	3 days ago	
	BURRAU V. S.				
Other contributory causes of importance:			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

PLACE OF DEATH County. EXACT STULL NAME RERSONAL AND STATISTICAL PARTICULARS SINGLE COLOR OR RACE roperly Frie the wor rtificate. SATE OF BIE pino be ce (Month) (Day) TAGE of may O 4 that OCCUPATION C supplied (a) Trade, profession, or 0 particular kind of work 90 ō (b) General nature of Industry structi business, or establishment in which employed (or employer 9 BIRTHPLACE (State or country) c 60 pla S 10 NAME OF 2 C FATHER pino I 11 BIRTHPLACE OF FATHER 4 Z (State or country RE 0 12 MAIDEN NAME OF MOTHER Informatic 13 BIRTHPLACE OF MOTHER * (State or country should state CAL KNOWLEDGE (Address) 16

STATE	OF	MARY	LAND
CERTIFIC	CATI	E OF	DEATH

Registration Dist. No. 5-8 Cleration [If death occurred in a hospital or institution, give its NAME instead of street and number. MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Mont (Day) CEBTIFY. That ! attended deceased from (Year) If LESS than 1 day, hrs. OR min. ? Contributory State the DISEASE CAUSING DEATH, or, if deaths from YOUENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCOUNTAL, SUICIDAL OF HOMICIDAL 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS At place le the of death Stete,yre mee Where was disease contracted. If not at mlace of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL , 1913.3 ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

8

RECORD

Approved by U.S. Consus and American Public Health Association.]

state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (rehind or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Forenam. mill; (a) Salesman. (b) Grocery. (a) Foreman, know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomolive engineer, engineer, Stationary fireman, etc. But in many Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers mobile factory. only when needed. As examples. is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupasecond statement For persons who have no occupation whatever, " "Manager," "Dealer, The material worked on may form part Women at home, who are engaged in At home. Care should be Never return (a) Spinner, (b) Collon But in many cases, ole. If retired from without more "Laborer." (b) Auto-

Statement of Cause of Death—Name, first, the dispasse causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphud fever (the only definite synonym is "Epidemic cerebrosphual meningitis"): Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typboid pneumonia"; Lobur menemonia Branchopneumonia ("Pneumonia", Lobur incenemonia undefinite): Tuberculosis of lungs, menin-

mus. genital. lapse." on Nomenclature of the American Medical Association) on statement of cause of death approved by Committee under the head of "Contributory" birth or miseagrage etc., when a definite disease can be ascertained as the and consequences (e. suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic Struck by to determine definitely. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from child-"Heart failure," "Il emorrhage," "Inamition," "Maras-"Anaemia" (merely symptomatic). symptoms or terminal conditions, such as "Asthenia chopneumonia (secondary). 10 ds. Example Measles (di care coursing death), 29 ds.; rent, affection need not be stated unless important. neghordes, etc. cough, Chronic rateur. "Tumor (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Old Age," "Coma," "Senile," etc.). "Dropsy." for malignant neoplasms); Measles; Wheeping railway train-arcident; Revolver wound of The contributory (secondary or interent-"Convulsions." Shook. g., sepsis, telanus) may be stated 25 Examples: Accidental drowning heart disease. Chronic interstitial "PUERPERAL septicheemia," "Ur ciria." "Weakness. "Debility" Never report mere (Recommendations "Atrophy acid-probably "Exhaustion," ACCIDENTAL, ("Con-

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE C	F	DEATH	00103
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1. PLACE OF DEA				- M
CountyAr	ne Arun			Registration Dist. No.
Village or City	Crownsv:	ille Sta	te Hospi	talno. St., Ward
Length of residence in			yrs5mos	f death occurred in a horpital or institution, give its NAME instead of street and number) s6_ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME	Yor:	k Butler	•	
(a) Residence: No.	Hov.	Brd Cour	nty, Mary	Lasta Ward. If nonresident give city or town and State
PERSONAL A	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
male bl	or or race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH January 6th (Month) (Day) (Yeer)
5a. If married, widowed, or di HUSBAND of (or) WIFE of	vorced	Unknov	'n	22. I HEREBY CERTIFY, That I attended deceased from July 31st 1931, to Jan. 6 1933
6. DATE OF BIRTH (month, o	lay, and year)	185	57	I last saw h_im_ alive on JET-UETY-6, 19.33; death is said
7. AGE Years 76	Months Unlane	Days	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, at 1 20 Pm. The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:
8. Trede, profession, or kind of work don SAWYER, BOOKK	particular e, as SPINNER,	Laborer		Broncho pneumonia 3 das
kind of work don SAWYER, BOOKK 9. Industry or business work was done, a SAW MILL, BANK 10. Date decessed last w	in which			
10. Date decessed last we this occupation (in year)	rorked at	11. Total t	ime (years) nt In this upation	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town (State or country)	n) Mary	land	••••••	Other Coursetter Cases of Importance.
13. NAME JOE	Butler,	dead		
13. NAME JOE 14. BIRTHPLACE (city or (State or country)		Mar /land		Name of operation Date of Whet test confirmed diegnosis? Was there an eutopsy?
15. MAIDEN NAME	Unknow	n (dead,		23, if death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or (State or country)		ary land		Accident, suicide, or homicide?
	spital :		kand	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR		las //	19.19	Manner of injury Nature of injury
19. UNDERTAKER	P.Wente	string	hept	24. Was disease or injury in any way related to occupation of deceased?
20. FILED./(.s. 3	3,19	Do	Registrar.	(Signed) Counsyille, Maryland
		1	1	The state of the s

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenteritis	1 year

40.00	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
		4
		100

BINDIN

RESERVED

MARGIN

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	25"		

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? yrs. ___ mos. __ ds. Length of residence in city or town where death occurred. PHYSICIAN 2. FULL NAME < Ward. (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 5a. If married, widowed, or divorced HUSBANO of HEREBY CERTIFY. That I attended deceased from (or) WIFE of : death is sald 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Oavs If I FSS than to have occurred on the date stated above, at ._____ 1 day ... The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset OCCUPATION THIS kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. may back Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation. Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? carefully MOTHER 15. MAIDEN NAME important. 23. If death was due to external causes (VIOLENCE) fill in also the following: in Accident, suicide, or homicide?_______ Date of injury_______ 19_ DEATH 16, BIRTHPLACE (city or town) (State or country) Where did injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. plnods 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation Nature of injury_ TION 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER If so, specify B (Signed) 20, FILEO. (Address). If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

BINDIA

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SI	PACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDIN TION is very important. See instructions on back of certificate. VITH UNFADING INK-THIS IS MARGIN RESERVED mation should be carefully supplied. AGE should be B.-WRITE PLAINLY,

V. S. No. 1

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1. PLACE OF DEATH			CERTIFICATE OF DEATH
County / June	17	- Tel	Registration Dist. No.
5-1-1	10	en = t	
Village or City		(If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residanca in city or town where	daath occurred 46		ds. How long in U. S. if of foreign birth?yrsds.
2. FULL NAME Anne	Caro	lue.	olling and
(a) Residence: No.	& P		St. Ward.
(a) nesidence. No.	(Usual place of	abode)	If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR DR RACE	5. SINGLE, MARRI OR DIVDRGED		21. DATE OF DEATH 2671 193 3
So If married widowed or discoord	Widen	74	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) VrIFE of	and Ca	lle	22. I HEREBY CERTIFY That t attended deceased from
Joseph Cor	1 0 00	1 12 in	flu 26 1933, 10 flu 26 , 1933
6. DATE OF BIRTH (month, day, and year)	52.63-	1868	Llast saw h
7. AGE Years Months	Days	tf LESS than 1 day,hrs.	to have occurred on the date stated above, at
69 9	23	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER	/		p 1 p 20 10.
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Trus	:/	Central demmons has
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	,	X2	
kind of Work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 1920 this occupation (month and	3 11. Total tim	e (years)	
this occupation (month and year)	spent	in this 3	
Λ.	0	1	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or tewn)	my ca		
13. NAME Hollish	ense (1)	4.00	
T	0	wvc	
14. BIRTHPLACE (city or town)	2/1/2		Name of operation Data of
	Ter co	- 0	What test confirmed diagnosis? Was there an autopsy?
T	TX	100	23. If death was due to axtarnal causes (VIOLENCE) filt in also tha following:
16. BIRTHPLACE (city or town)	a Op		Accidant, suicida, or homicide?
(State or country)	11	~	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT APP - O	6 00 C	and	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass)	-u	2.	
18. BURIAL, CREMATION, DR REMOVAL	nu lace 3	28 33	Manner of Injury
Place Hype expect	Date	, 19	Nature of Injury
19. UNDERTAKER 100 K. Ho	ppins	21	24. Was diseasa of injury in any way related to occupation of decaased?
(Address) Character	physical	my	If so, specify
20. FILED Jan 28 19 33 Cede	a loolle	nson	(Signed)! Media The The M.D.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritovitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
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Example I	il	Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Example I	97	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. B.

(Address)

(Addrass)

19. UNDERTAKER

00

1	I. PLACE OI		OF MAR	YLAND-	CERTIFICATE	OF DE	ATH	00111
	County	Anne Arund	el			Registration	Dist. No.	21
		ity Annapoli	S	(II)	No. Emergency death occurred in a hospital or institut ds. How long in U.S. if o	Hospitation, give its NAM	St., ME instead of street a	Ward number)
,	. FULL NA	MF Cather	ine L. I	Dalcour				
	(a) Residen				_St., Ward.	If nonresides	at give city or town	and State
-	PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL C	ERTIFICAT	E OF DEATH	1
F	SEX emale If married, widow	4. COLOR OR RACE White	5. SINGLE, MARI OR DIVORCEI WILOV	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH Jan	. 15 (Month)	(Day)	, 193 3 (Year)
0	HUSBAND of (or) WIFE of	Frank Dalc	our	1850	1 HEREBY Vast saw h Alalive on	CERTIF 10-33, to	Jany	ded deceased from
7	AGE Yea	rs Months	Days	If LESS than I day, hrs.	to have occurred on the data state		m,	
	8	2 4	25	ormin.	The PRINCIPAL CAUSE OF DEAT were as follows:	H and related cau	uses of Importance	Vata of onset
OCCUPATION	kind of w SAWYER, 9. Industry or work was	sion, or particular rork done, as SPINNER, BOOKKEEPER, etc business in which dono, as SILK MILL, L, BANK, etc	none		mfluen	ys.		2 four
000	this occur	ed last worked at pation (month and	spen	me (years) It in this pation				
12.	BIRTHPLACE (cit (State er cour	y or town) Prince htry) Mary	Geo. Co	unty	Other Contributory Causes of Impo			
ER	13. NAME	Richard L.	Ogle					
FATHER	14. BIRTHPLACE (Stata or	(city or town)		ι,	Name of operation		Date of	
ER	15. MAIDEN NA	ME Priscil	la Bowie		23. If death was due to external cau			
MOTHER	16. BIRTHPLACE (State or	(city or town)	Maryland		Accident, suicide, or homicide? Where did injury occur?		Date of injury	, 19
17.	INFORMANT				Specify whether injury occurred in	Specify city of INDUSTRY, In H	or town, county and IDME, or In PUBLIC	State) PLACE.

18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury If so, specify (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	[Example II	
The principal cause of death and related caus of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 00112
1. PLACE OF DEATH	
County U: W.	Registration Dist. No.
	No. Concer gences Hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. If of foreign birth?
2. FULL NAME Eligabeth &	. Wauer
(a) Residence: No.30. Bresidence of abode)	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorcad	
(or) WIFE of Danial . H. Warris	22. HEREBY CERTIFY. That I attended dacassed from 27, 19 32, to 27, 19 33
6. DATE OF BIRTH (month, day, and year) mar 26-1822	I last saw h. An elive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
50 10 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were es follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Usta of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL.	Carelinas
work was done, as SILK MILL, SAW MILL, BANK, atc	oleman Telyun
A. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date decaased last worked at this occupation wonth end year) yaar)	
12. BIRTHPLACE (city or town) Corrapolis One (Stata or country)	Other Contributory Causes of Importance:
13. NAME Merelanen & Bearles	
13. NAME Beneform & Beaden 14. BIRTHPLACE (city or town) (State or country) (State or country)	Name of operation Consultation Date of June 13.
15. MAIDEN NAME Eliga & lourry	23. If death was due to axtarnal causes (VIOL ENCE) fill In also the following:
15. MAIOEN NAME Lega & lourry 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State of country) (Maryum)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT / MILLE OF Navelan (Address) 30 Breuer Gol Come applies (me)	Specify whether injury occurred in thousant, in nome, or in Public Place.
18. BURIAL, CREMATION, OR REMOVAL Place of Connect Oate 30 1933	Manner of injury
6 4 21 . 6	Nature of injury
19. UNDERTAKER B. L. Hoffman	24. Was disease or Injury In any way related to occupation of daceasad?
20. FILEO au 28 19 Lyngh C gay Ca Male Registrar.	(Signad) M.D. (Addrass) M.D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Arteriosclerosis	191ő	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ETTELL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(19)
County Curry Commidel	Registration Dist. No. 22
Village or City 2007 7 24	NoSt., Wa If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME Walter Howard	Daves
(a) Residence: No. Darsey Mil	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	yan. 18 199 3
5a. If married, widowed, or divorced	(Day) (Year)
HUSBAND OF GOOD BOOK OF STREET	22. HERIEBY CERTIFY. That I attended deceased fr
A DATE OF PROPERTY AND A DATE 1/2/ G	1931 to 10 193
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to wave occurrad on the data stated above, at 30 m.
63 2 25 Iday,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Cerebral Haermal Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
9. Industry or business in which work was done, as SILK MILL, MB) OR	//4-
U 10. Oate deceased last worked at 11 Total time (years)	-
this occupation (month end / 95/ spant in this 35	
12. BIRTHPLACE (city or town) DVV Chustin S	Other Contributory Causes of importance:
(State or country)	Machinetis 143
13. NAME (119 NATURE AVE) 14. BIRTHPLACE (city or town) Machine (12)	
I4. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
E Control	23. If death was due to external causes (VIOLENCE) fill in also the following:
(Stata or opunity)	Accident, suicide, or homicide?
17, INFORMANT John Daus	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 20 24 My sy Mill	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date 19	- Nature of Injury
19. UNDERTAKER TO LEAVE TO THE	24. Was disease or Injury in any way related to occupation of deceased?
(Address) And 2 V	If so, specify Thank Estables
20. FILED SAN 1 1. 19 D. Soland M. Dansufd.	(Signed) Sarage W.A.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TO THE TO	8		
Other contributory causes of importance:	Ya.	Other contributory causes of importance:	MG/ Nor
Gallstones	May 1 1923	Gastroenteritis	1 year
13			

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PLACE OF PEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH
1 1 00	Registration Dist. No.
Village or City Anne America (No. 7	St.; Ward) (If death occurred in hospital or lustitu- ion, give its NAME in-
2 FULL NAME Andur Dickon	/ steet and sumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) , 1983.3
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on the
7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	nephritis)
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. inosde,
9 BIRTHPLACE (State or country) Than Jan	Secondary (Duration)
10 NAME OF ATHER Dickson	(Signed) Inglimer Hayes M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal,
or mother name	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. day State, yrs. mos. day Where was disease contracted, for the first that the first
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) 380 FF Sh. Entowh Im	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL BARRIES AL 1511 CAR TO THE STATE OF BURIAL
Filed 2/1 1933 Carrie S. Suitt	20 UNDERTAKER ADDRESS Amobalis M
If more blanks are readed address State Posisines	18 W Sanatora St. Polta Pagnasting V C No 1

(Approved by U. S. Census and American Public Health Association.)

worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook laborer, Farm laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. nature of the business or industry, and therefore an Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomolive engineer the first line will be sufficient, e. g., Farmer or Planter cupation is very important, so that the relative health be siness, that fact may be indicated thus: Farmer (reor given up on account of the bisease causing plate; House muid, etc. If the occupation has been changed to report specifically the oec pations of person ployed, as Al school or At home. Care should be taken definite salary), may be entered as household only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. fa'n 's of various pursuits can be known. Whatever, write None. Statement of Occupation-Precise statement of ocat home, who are engaged in the applies to each and every person, irrespective of For many occupations a single word or term on or At Home, and children, not gainfully enespecially in industrial employments, it yrs.). For persons who have no occupation or, write None. without more precise specification as Day -Coal mine, etc. Wom-Housewife, House As examples: (a) duties of the The material The quesis meces en-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the sine disease. Examples: Cerebrospinal Jever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

as probably such if impossible to determine definitely. Examples: Accidental drowning; Struck by railread Then (1 incut train-accident; Revolver wound of head-homicide; Nomenclature of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF discuses resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age." "Shock," symptomatic), "Atrophy." "Collapse," conditions, such as "Asthenia." "Amaemia" ary), 10 ds. Never report mere symptoms or use of "Tumor" for mulignant neoplasms); Meastes; inges, perilonarum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbal's acid-probably suicide. taken. For violent beares state means of injury State cause for which surgical operation was under "Uraemia," "Weekin s.." etc., when a definite disease "Dropsy," "Eth.:astion." "Heart causing death), 29 ds.; Bronchopneumonia stated unless important. (secondar) or intercurrent) affection need not be "PUERPERAL seplicaemia." "PUERPERAL peritonitis," etc. vulsions," Chronic interstitial nephritis, etc. Whooping cough; (name orlgin; "Cancer" of "contributory." of cause of death approved by Committee on "Debility" Chronic valoular heart ("Congenital," "Senile." etc.), Carcinoma. Sarcona, etc.. (R commendations on state-Example: Meusles is less definite; avoid failure." The contributory "Coma." avalling Re "Hacmor-The naterminal (second-(disease (merely

"If this certificate is 10-ked over the roughly and all questions answered in de all, it will prevent further correspond ence. All the data is essential and must be obtained before the certificate is permanently filed MAR 6 1933

BINDIN

RESERVED

MARGIN

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy 1 week ago Arteriosclerosis 1915 OKEA T 1921 Run over by street car 1 week ago Chronic interstitial nephritis July 5, 1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis 1 year May 1.1923

19. UNDERTAKER John

(Address)

Taylor

FOR BINDIN

MARGIN RESERVED

V. S. No. 1

The state of the s	F MARY	LAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	-		63-20 00116
County Anne Aru	ndel		Registration Dist. No. 21
Village or City Annap	olis	(1)	No. 153 Gloucester St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of tesidence lacity or town where of			ds. How long In U.S. if of foreign birth?mosds.
(a) Residence No. 153 Gl	Oucester (Usual place of		St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female white	5. SINGLE, MARRI OR DIVORCED O WICOWE	(write the word)	21. DATE OF DEATH January 19 (Month) (Dey) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Thomas Jeffe			1 HEREBY CERTIFY. That I ettended deceesed from 1935, to www.com/1935 I last saw h & elive on surrough 1935; death is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months 9	Deys Deys	1f LESS than 1 day, hrs. or min:	to have occurred on the dete stated above, et
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 1. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked at this percentage of the same of the s	none		My a Carditio & My Cardial Date of onset
SAW MILL, BANK, etc	II. Total time	in this	4
12. BIRTHPLACE (city or town) Annapo (State or country) Naryl	lis,		Dither Contributory Causes of importance:
13. NAME Thomas G. Wa	ters		
14, BIRTHPLACE (city or town)	aryland.		Neme of operation Dete of What test confirmed diagnosis? Was there en eutopsy?
E 15. MAIDEN NAME Anna E.	Reard		23. If deeth was due to external causes (VIOL ENCE) fill in elso the following:
I	aryland.		Accident, sulcide, or homicide?
17. INFORMANT Miss Fannie (Address) Annapolis.			(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cedar Bluff Ce		22,1933	Menner of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Menner of injury Neture of Injury.

If so, specify (Signed)

24. Wes diseese or Injury in eny way

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of enset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

)/	tem of Infor-	should state	of OCCUPA-	
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of Infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	WRITE PLAIN	mation should b	CAUSE OF DE	TION is very in
	N. B			
	P-4			

County	Cum a	hund	'al		Registration Dist.	No. 20
Village or C	City West 1.	2000		No.		St War
Longth of resi	idence In city or town where	3	(H	f death occurred in a hospitel or insti		ead of street and number)
		death occurred	yrsmos	ds. How long In U.S. if	of foreign birth?	_yrsd
2. FULL NA	ME Prabe	le 1	Turall			
(a) Residen	ice: No.	est pu		O _ St., Ward.		
PERSON	IAL AND STATIST	(Usual place		MEDICAL		city or town and State
3. SEX	4. COLOR OR RACE	1	RIED, WIDOWED,	21. DATE OF DEATH	CERTIFICATE OF	DEATH
6	Colored	OR DIVORCE	(write the word)	Z. DATE OF GEATH	, i'y	102 2
		Wid	owal	Jan	(Mont)	(Day) (Year)
5a. If married, widow HUSBAND of (or) WIFE of	veu, or alvorced	0		22. I HEREB	YCERTIFY	hat I attended deceased fro
(01) 11112 01	Benjamin	freva	ee	m 10	., 19 3 5 to 2	/Y 19.23
6. DATE OF BIRTH	(month, day, and year)	1855		I last saw hea_ alive on	Dan Ox	
7. AGE Yea		Days	If LESS than	to have occurred on the date sta	ted above, at 60.00	
73	2	7	I day,hrs.	The PRINCIPAL CAUSE OF DEA		
2 Trade profe	ssion, or particular		ormin.	were as follows: Bilateral	1-1-00	Data ol onse
kind of y	work done, as SPINNER, , BODKKEEPER, etc	coole		Broweles		1.10-33
9. Industry or	business in which			Genta	Julian Maria	10033
	s done, as SILK MILL, LL, BANK, etc					
Citio coca	ed last worked at pation (month and	I 1. Total ti	it in this			
year)	110-13	2 occu	pation 6 septs	Other Contributory Causes of im	nortance:	
12. BIRTHPLACE (ci		me am	reletto	arter	selevol	
(State or cour	ntry)	, -		cade	vazenla	~
13. NAME	parde s	uns.		de	eace	
14. BIRTHPLACE		une a	undel	Name of operation	nave	Date of
(State of	country)		7	What test confirmed diagnosis?_	Clumb	Was there an autopsy?
15. MAIDEN NA	ME PORL	Henry	?	23. If death was due to external c	auses (VIDL ENCE) fill in al	iso the following:
16. BIRTHPLACE	(city or town)	unete	well	Accident, suicide, or homicide?	Date o	of Injury
E (State or	country)			Where did injury occur?		
17. INFORMANT	Chealer &	wall-	Granden	Specify whether Injury occurred	(Specify city or town, in INDUSTRY, in HOME, o	r in PUBLIC PLACE.
	west River			***************************************		
18. BURIAL, CREMAT	TON, OR REMOVAL	· Ja	18th 33	Manner of Injury		***************************************
Place Comment		Date Com	, 1920	Nature of Injury		
9. UNDERTAKER	3 I. Hofen	rog		24. Was disease or injury in any	way related to occupation (of deceased?
(Address)	amorales	ma		If so, specify	A	
on such Jan	e 17,33	my 10	lactor	(Signed)	chooling	М,
U. FILEU- COCC						

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BUEEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	OR FURTHER S	TATEMENTS	BY	PHYSICIAN
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should state of OSCUPAitem of inforstated EXACTLY. PHYSICIANS RECORD. Every Exact statement IS A PERMANENT properly classified. FOR BINDIN See instructions on back of certificate. WITH UNFADING INK-THIS MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be TION is very important. B.—WRITE

V. S. No. 1

1. PLAC	E OF DEAT	н			- W
Count	ty a	· u	·		Registration Dist. No.
Villag	e or City Can	maf	roleo	and a	No/05 Company St., St., death occurred in a hospital or institution, give its NAME instead of street and number)
Langth	of residence in city	or town where	death occurred_/_		ds. How long in U.S. if of foreign blrth?yrsmos
2. FULL	NAME	1	show }	Tinher	
	esidence: No/0	~ Q	01000	-0.1	01 WJ
(a) h	sidelice: Nozg		Usual place	of abode)	St., Ward. ff nonresident give city or town and State
RER	SONAL AND	STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR	OR RACE	OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEATH
5a If married	, widowed, or divorce	nd	mar	rug	(Month) (Day) (Yea
HUSBAN (10)	ID of		V .	:0	22. HEREBY CERTIFY, That I attended deceased
(01) 1111	201	mary	m. 10	sher	, 19, to, 19, 19
6. DATE OF E	SfRTH (month, day,	and year)	Jame 23	- 1877	I last saw h aliva on, 19; death i
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date statad above, atm.
	5-5-	1	12	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
_ 8. Trade	, profession, or part	icular	1	ormin.	were as follows:
O kl	nd of work done, as AWYER, BOOKKEEPE	SPINNER.	home		Hart nout and
Sindus Sindus 10. Date	try or business in w	hich	LMAP	~~~~~~~~~~~	The state of the s
D 7 8	try or business in w ork was dona, as SIL AW MILL, BANK, etc	K MILL,			CO Bly andrews
0 10. Date	dacaasad last worka	id at	11. Total ti	me (yaars)	Chronic Brights disease:
- 1 11	iar)	l ally		tin this pation	diration: several years.
12. BfRTHPLA	ACE (city or town)	ann	apoler	my	Other Contributary Causes of Importance: Quiso.
- 1	. /	1 / 10	18.1		
13. NAME		nau	run	w	
14. BIRTH	IPLACE (city or town	1)		0	Name of operation Date of
	State or country)	ann	apoolo	my	What test confirmed diagnosis? Was there an autopsy?_
I	EN NAME	Xlores	he de	nay	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16, BIRTH	IPLACE (city or town	1)			Accident, suicide, or homicide? Date of Injury, 19_
Σ (S	tate or country)-	a-a	Co a	20	Where did injury occur?
17. INFORMAN		ry V	n. Tis	her	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	REMATION, OR REM		113		Mannar of Injury
Place -	leedar?	roleff	Date Jan	6- ,1933	Nature of injury
19. UNDERTAI		1.710	planning,		24. Was diseasa or injury in any way related to occupation of deceased?
(Addre	ess) ann	apartel	4. An		If so, spacify
20. FILED	in 6, 19.	13 fr	ALC. F	Registrar.	(Signed) france of Sale of Catain Con
		If more	Manha ana ana lad	Idam Crass Davis	Not be a point of the point of

STATE OF MARYLAND-CERTIFICATE OF DEATH

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BUREAU V.B.			
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FOR BINDIN

MARGIN RESERVED

V. S. No. 1

1.	PLACE OF DE	АТН			95-8		00	113
	County	nne "run	del			Registration Dist	. No.	4
	Village or City				No. 181 Glouce: death occurred in a hospital or instituti	on, give its NAME inst		
	5		_		ds. How long in U.S. If of	foreign birth?	yrs	mos d
2.	FULL NAME		Freeman		The Hamman of th			
	(a) Residence: No	. 181 GLQ	UCESTET (Usual place	of abode)	St., Ward.	If nonresident give	city or town as	d State
	PERSONAL A	ND STATIST	ICAL PART	ICULARS	MEDICAL CE	RTIFICATE O	F DEATH	
SI. SI	lale w	hite		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	January (Month)	20 (Day)	, 193 3 (Year)
	I married, widowed, or of HUSBAND of (or) WIFE of	Kate Fre	eman		22. I HEREBY	CERTIFY.		
D	ATE OF BIRTH (month,	day, and year) Se	pt. 2.	1860	I last saw h aliva on		, 19	; death is s
. A0	GE Yaars 72	Months 4	Days	If LESS than I day, hrs. or min.	to have occurred on the date stated The PRINCIPAL CAUSE OF DEATH were as follows:			Date olons
The second second	10. Date deceased last this occupation (as SILK MILL, K, atc worked at	11. Total	time (yaars) ent in this equation	Hart			
2. E	BIRTHPLACE (city or to	. 22	napolis Md		Other Contributory Causes of impor			
	13. NAME	unk	nown					
	14. BIRTHPLACE (city o		known		Name of operationWhat test confirmed diagnosis?		Data of	
	15. MAIDEN NAME	u	nknown		23. If death was due to external caus			
-	16. BIRTHPLACE (city o	1 LOWH)	nknown		Accident, sulcide, or homicide? Where did injury occur?			
7. 1	NFORMANT(Address)				Specify whether injury occurred in		or in PUBLIC F	PLACE.
8. E	BURIAL, CREMATION, O		mtose Jan	. 22 ,19 33	Mannar of Injury			
9. L	INDERTAKER Joh	n M. Tay	lor.		24. Was disease or injury in any wa			

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OTATE	^ F	LIADIN AND OFFICIOITE	0	
SIAIL		MVDALVIII—CEDILEICQIE		
JIAIL		MARYLAND—CERTIFICATE		DLAIII

00120

1. PLACE OF DEATH County Anne Arundel		(97)		
· · · · · · · · · · · · · · · · · · ·		Registration Dist. No.	7 21	
Village or City Crownsville Sta	ete Hospita	ND. St., If death occurred in a horpital or institution, give its NAME instead of street and	ware ware ware	
Length of residence in city or town where death occurre		s. 23 ds. How long In U.S. if of foreign birth?yrs		
2. FULL NAME Charity Lucy	Gordon			
(a) Residence: No. Frederick Co.	unty, Mary]	Lanst., Ward.	10.	
PERSONAL AND STATISTICAL PA		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH		
fomsile hisek ORDIV	MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH January 11th (Month) (Day)	, 193 3	
i. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown		22. I HEREBY CERTIFY. That I attanded to the company of the compan	d deceased fro	
DATE OF BIRTH (month, day, and year) 1878		last saw her alive on January 11 19 3	3: death is sai	
AGE Years Months Day		to have occurred on the date stated above, at 2. Am.	2. 1 000 111 13 30	
55 Unknown	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse	
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date decassad last worked at this occupation (month and	е	Cerebral arteriosclerosis		
work was dona, as SILK MILL, SAW MILL, BANK, etc.				
10. Date decaasad last worked at this occupation (month and year)	otal time (years) spent In this occupation			
2. BIRTHPLACE (city or town) Maryland (State or country)		Other Contributory Courses of importance: Ser 111 ty	?	
13. NAME Frank Marsh				
13. NAME Frank Marsh 14. BIRTHPLACE (city or town) Maryland (State or country)		Name of operation Date of What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME Blize Brown		23. If death was due to external causes (VIOLENCE) fill in also tha following		
16. BIRTHPLACE (city or town) Marylen (State or country)	d	Accident, suicide, or homicide? Date of Injury Whare did injury occur?		
INFORMANT Hospital Records (Address) Crownsville Mar	vland	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
BURIAL CREMATION, OR REMOVAL Place Date Date	و 14.1933	Mannar of Injury		
UNDERTAKER (Address)	y serce	24. Was disease or injury if any way related to occupation of decaasad?		
FILED JAM 13 , 1932 MM. 14.	S. Harsa 25/33 Hegistrar.	(Signer Crownsville, Maryla	nd M.I	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

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In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	A CONTRACTOR OF THE PARTY OF TH	Example II	
The principal cause of death and relat causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		85,1505	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(93-7)
county line Orendal	Registration Dist. No. 21 AX
Village or City Lines on January (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Thanks Id	rall
(a) Residence: No. I have an interest (Usual place of abode)	Stand Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If merried, widowed, or divorced HUSBANO of (or) WHEE of to any Joule	22. I HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year)	liast saw here alive on from 1933; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
27 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEPER, etc.	Opromi Valvula Dersar
A. Hade, profession, or particular that the work done, as SPINNER SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Oate deceased last worked at this country and the work was done, as SILK MILL SAW MILL, BANK, etc. 11. Total time (years)	of the Heary 1981
10. Oate deceased last worked at this occupation month and 1931 11. Total time (years) spent in this year) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
12. BIRTHPLACE (city or town) Bolling	Other Contributory Causes of importance:
(State or country) Mcd	aveno selesoris 1430
13. NAME \ 14. BIRTHPLACE (city or town) \ \(\frac{1}{2} \)	2
[Stete or country]	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIOEN NAME 3	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 19
(State or country)	Where did injury occur? (Speaky city or town, county and State)
17, INFORMANT hus falle Holl (Address) has been doned by	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Oate 1999	Nature of Injury.
19. UNDERTAKER) The ficking of these (Address) holy factor	24. Wes disease or injury in any way related to occupation of deceased?
20. FILEO 1/19 , 1933 MRSCalla Registrar.	(Signed) Lames S. Bellengoles M. D. (Address) Elen Beerner mg

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

D. Lellewslea

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhoge	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 year

Gollstones	Moy 1,1923	Gastroenteritis	1 year
ADE	TOWAY CDACE DOD THOMH	ED SMAMEMENES DV DIVSI	CYANY
ADL	ITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSIC	CIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00124
1. PLACE OF DEATH	10
County June arundel	Registration Dist. No. 22
Village or City tratrich Iraming School	
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Jannie Harris	
(a) Residence: No. 926 Anaro's Court no	St., Ward.
(Usual place of abode) Nas	f NG If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Students Students Students Students Students Students	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) HIFE of Unknown	January 3 1933 to January of 1933
6. DATE OF BIRTH (month, day, and year) 1895	Nast saw h. e. H. alive on James J. 19.33; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 20 Spm.
CANON. 38 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
1//8 Trade profession or particular	Oate of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ID. Date deceased last worked at this cocased in comply and this cocased in comply and	Sofrar Preummia Jou3-
Andustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
this occupation (month and spant in this occupation occupation	
Mashwater	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Iloan Nevett	
13. NAME / Uson Devel	Name of a sealing
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Frances?	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Traines?	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT (CON) & District having John (Address) New Haurel mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Smitery 2 district Date July 17, 193.	Nature of Injury
19. UNDERTAKER A Trych Francis Rehool (Address) Laurel M. J.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Jan 7 , 1983 Clarate Fraship	(Signed) MSW AUS M.D.
Registrar.	(Address) West: [A. Altot], Valled M.C.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I IVE		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis UFRATT V G	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	item okinfor- s should state of OCCUPA-	
•	SCORD. Every PHYSICIANS act statement	
V.S. No. 1 (-1) OCC MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
Vs.	Z.	

STATE OF MARYLAND—	CERTIFICATE OF DEATH (10125
1. PLACE OF DEATH	(3)
county Anny Houndel	Registration Dist. No. 3
Village or City Morres Still -	No Drooklyn St, Ward
Length of residence In city or town where death occurred byrs mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Hawy	Eins
(a) Residence: No. Rolland Philas T	Col Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR) RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Months) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WARE OF Maria (Davis) Hawking	22. LHEREBY CERTIFY, The attended deceased from
6. DATE OF BIRTH (month, day, and year) 1857	I last saw h alive on 10 1 and 193 deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 45 -m.
76 7 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8 Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this ecuration (management). In this programment of the security of the secur	Partie Valoutar-Romal Date of onset
9. Industry or business in which work wes done, as SILK MILL	A Secretary Constant of the secretary consta
work wes done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at	District The
O 10. Date deceased last worked at this occupation (month end 4.32 11. Total time years) spant in this occupation coupation occupation	aan aan
12. BIRTHPLACE (city or town) Primer Glorals 6. (State or country)	Other Coutributory Causes of importance:
14. BIRTHPLACE (city or town) Bunco florage 5	Name of operation. Date of Date of
(State of country)	What test confirmed diegnosis? New Wes there an eu opsy?
15. MAIDEN NAME Maranda Caper	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Maranda Cager, 16. BIRTHPLACE (city or town) Birthey Grand's Ca	Accident, suicide, or homicide?
(State or country) manyand	Where did injury occur?
17. INFORMANT AUCULAN JORGEN (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL PRICE 17 Help., 19.3	Menner of injury Trond
19. UNDERTAKER Wind Lenny Jongs (Address) Colone Market	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED. 16 , 1983 MR Dealba Dep. Registrar.	(Signed) (Address) Lengtheum (Sight)
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronie interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Comment of the Commen					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
			J		

STATE OF MARYLAND—CERTIFICATE OF DEATH 00126

1. PLACE OF DEATH		97)	
County Anne Arunde		Registration Dist. No.	
Village or City Crownsvill	Le State Hospit	8 L _{No.} St.,	Ward
Length of residence In situ on house have dead		f death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city or town where death		s	iosds.
	Hemphill *		
(a) Residence: No. Baltimore		St., Ward.	
PERSONAL AND STATISTICA	(Usual place of abode)	If nonresident give city or town and	State
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
THE PART OF THE PART OF	OR DIVORCED (write the word) W1 d OWe d	January 9th (Month) (Day)	_, 193_3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown		22. I HEREBY CERTIFY, That I attended	deceased from
3/	265		th, 19 33
	363	3.0.	; death is said
7. AGE Years Months Unknow	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at J. A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	I Date of season
8. Trade, profession, or particular kind of work done, as SPINNER.	r - 1	General Arteriosclerosis	Data of onsat
SAWYER, BOOKKEEPER, etc.	Laborer		-
work was done, as SILK MILL, SAW MILL, BANK, etc.			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) North (State or country)	Carolina	Other Coatribatary Causes of importance: Senility	?
≝ 13. NAME Jack Hemph	nill. dead		
14. BIRTHPLACE (city or town) North		Name of operation	
(State or country)			
15. MAIDEN NAME Mary (un)	known) dead	What test confirmed diagnosis?	
16. BIRTHPLACE (city or town) North	Carolina	Accident, suicide, or homicide?	
(State or country)		Where did injury occur?	, 14
17 INFORMANT Hospital Recoi	rds	(Specify city or town, county and Sta Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PL	te) ACF
(Address) Crownsville 1			
18. BURIAL, CREMATION OR REMOVAL	11. 33	Manner of injury	
to special elements	Date	Nature of injury	
19. UNDERTAKER N. Wanter	a Oupt.	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Ortunego	a high.	If so, secify	4
20. FILED // 3 3 , 19	Registrar.	(Signed) Crownsville 15-201	M. D.
If more blan	ks are heeded Jaddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

00127

	County Village or	Anne Arun City Crownsv	ndel ille, Md	Start (I	Registration Dist. No. 21 NATO SELS St., Ward death occurred in ashorpital or institution, give its NAME instead of street and number)
		sidence in city or town where NE Bolphus		rs. 6 mos	ds. How long in U.S. if of foreign birth?yrsmosds.
1		nce: No. Carr		ty	St., Ward. If nonresident give city or town and State
62000	PERSO	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3.	Male	4. SOLOR OR RACE	5. SINGLE, MARI		21. DATE OF DEATH Jan. 27 193 3
5a.	If married, wide HUSBANO of (or) WIFE of	wed, or divorced			22. I HEREBY CERTIFY, That I attended deceased from
	12				July 20 , 1931 , to Jan 27 , 19 23 I last saw h im alive on Jan 27 , 1933 ; death is said
-		ears Months	Days	If LESS than 1 day,hrs. ormin,	to have occurred on the date stated above, at 6.1.0.2.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
NOI	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.				Toyemia due to erreineles
OCCUPATION	9. Industry or	business in which as done, as SILK MILL, ILL, BANK, etc			
ÖÖ	this occ	sed last worked at upation (month and	11. Total til spen occu	me (years) t in this pation	
12.	BIRTHPLACE (d		ryland		Dther Contributory Causes of importance:
ER.	13, NAME	Elizah Her	nderson	(dead)	
FATHER		E (city or town) ME	ryland		Name of operation Date of
HER	15. MAIOEN N	AME Kittie Ar	ne ? (d	dead)	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTH		E (city or town)	yland		Accident, suicide, or homicide?
17.		Hospital Rec Crownsville			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18.	BURIAL, CREMA	TION, OR REMOVAL	Date Jan	128,1933	Manner of Injury
	UNDERTAKER (Address)	desol w	Red La	DX Ze	24. Was disease or Injury in any way related to stomation if deceased? If so specify (Staned) / MLM MARK MARK MARK MARK MARK MARK MARK MAR
			10	Registrar.	(Aothess)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THISTATI V.D.	3		
A control of the cont	,		
Other contributory causes of importance:		Other contributory causes of importance:	1 4 1
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDIA

RESERVED

MARGIN

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	Example I	1	Example II			
The principal cause of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis		1921	Run over by street car	1 week ago		
Cerebral hemorrhage	FEB 4 1933	July 5,1927	Peritonitis	3 days ago		
	RUREAU V.B.					
Other contributory	auses of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		
				MENT OF THE PARTY		

BINDIN

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

death Is said

Date of onset

Date of injury ______ 19.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

nation :

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plnods

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	1	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 6 1933	July 5,1927	Peritonitis	3 days ago
BURRAU V.S	· 1		
Other contributory causes of importance:		Other contributory causes of importance:	HALE-
Gallstones	May 1,1923	Gastroenteritis	1 year

No Particular Particul	N. B. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	matchen should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS Should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	T RE	LY.	. Exa	
MARGIN RESERVED FOR BINDING	ERMANE	EXACT	classified	a.
FOR E	IS A PI	stated	properly	ertificat
VED]	THIS	ld be	ay be p	ck of ce
RESER	IG INK-	IGE shou	that it ma	TION is very important. See instructions on back of certificate.
ARGIN	INFADIN	pplied. /	erms, so	instruction
M	TTH C	ully su	plain t	t. See
	NLY,	be caref	ATH in	mportan
	PLAI	plnous	OF DE	very i
T	WRITE	matton s	CAUSE	TION is
V. S. No. 1	N. B.)	

1. PLACE OF DEATH	CERTIFICATE OF DEATH 00131
County	Registration Dist. No.
DT	// 10 / 10 / 10 / 10 / 10 / 10 / 10 / 1
Village or City Alon Tean John John	Mo. CU. St., Wardeath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME IN SUREMENT TO	men
(a) Residence: No. Lem me	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (write the word) 1. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Yeer)
HUSBARTS of Bertha Johnson	22. I HEREBY CERTIFY. Thet I ettended deceased f
DATE OF BIRTH (month, day, and year) 1893	I last sew halive on19
AGE Years Months Oeys If LESS than	I last sew h
3 9 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	delidental Drowning Data of on
9-Industry or business in which	+
work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Dete deceased lest worked et this occupetion (month and year)	
BIRTHPLACE (city or town) Brusse Ind	Other Contributory Causes of importence;
13. NAME Allsod Johnson	
	No. of No.
14. BIRTHPLACE (city of town) (State or country)	Name of operation
15. MAIDEN NAME Of the short Office	Whet test confirmed diagnosis? Was there an eulopsy? Was there an eulopsy?
- Chigaren Civer	23. If death was due to externel ceuses (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
INFORMANT Johnsu -	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
BURIAL CREMATION, OR REMOVAL Place Survey 2 1935	Manner of injury
UNOERTAKER 3. Aman (Addréss)	24. Was disease or injury in any way releted to occupetion of decessed?
FILED Jan 10th 23 MM (Juston.	(Signed) UM 19 6 Tym. acting long

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDIN

V. S. No. 1

Countly Arme Carmellel Registration Dist. No. 2.3 Village or City House Hill Carmellel Registration Dist. No. 2.3 Langth of residence in city or town where death occurred yes a horning in U.S. if of foreign birth? J. Fall Registration Dist. No. 2.3 Ros. ds. How long in U.S. if of foreign birth? J. Rossidence: No. Armellel Carmellel Carmellel Registration Dist. No. 2.3 J. SEX 4. COLOR OR RACE SURGE, MARIED WIDOWED, OR DIVORCED Conject the word) J. S. If merited, widowed, or divorced Widoward, o		OF MAR	YLAND-	CERTIFICATE OF DEATH	0132
Village or City Morris (M. Gash occurred in a hopital or institution, give in NAME inasead of street and number) Length of residence in city or town where death occurred	1. PLACE OF DEATH	00		107-1	
Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town and season. d. How long in U. S. If of foreign birth? Langth of foreign bir		115-2		Registration Dist. No. 🗸)
2. FULL NAME. Catherine at Month (2) Residence: No. Months (2) Color or RACE (2) S. SINGLE MARRIED, WIDNED, OR DYORCEO (wyic the word) S. I. II married, widowed, or divorced (10) WIF of (2) Color or RACE (10) WORKEO (wyic the word) S. I. II married, widowed, or divorced (10) WIF of (10) WIF		****		f death occurred in a hospital or institution, give its NAME instead of street and	number)
(a) Residence: No. Months H. C. (Usaspiace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (supic the word) OR DIVORCED (su	11	. 0	12		10505.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (wyire the word) So. If married, widowed, or divorced HUSSAND (Month) 22. HER EBY CERTIFY, That I attended deceased from HUSSAND (Total) 7. AGE Years Months Days If LESS than 1 day. has not control of the word of th	-y 6		mou		
3. SEX 4. COLOR OR RACE OR DIVORCED Confire the word) Confirmed	6	(Usual place		If nonresident give city or town an	d State
Same		1			
55. If married, widowed, or divorced HUSSAND of Cert VIFE	Fernicle White	OR DIVORCE	D (write the word)	fan 28	., 193 <i>3</i>
6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,		/			
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,	(or) WIFE of				-
7. AGE Years Months Days IT LESS than 1 day,	A DATE OF DIRECT	× 211	1935		4
State or country State or co); death is said
8. Trade, profession, or particular Data of conset with of work done as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which saw wheat at this occupation (month and soccupation). 10. Date decessed last worked at this occupation. 11. Total time (years) spent in this occupation. 12. BIRTHPLACE (city or town). 13. BIRTHPLACE (city or town). 14. BIRTHPLACE (city or town). 15. MAIOEN NAME Amic M. Cole 16. BIRTHPLACE (city or town). 17. INFORMANY A. Consulty) 18. BIRTHPLACE (city or town). 18. BIRTHPLACE (city or town). 19. Where did injury occur? 19. Where did injury occur? 19. Where did injury occurred in INDUSTRY, in MDME, or in PUBLIC PLACE. 19. Manner of injury 19. UNDERTAKER Amid M. Date fam. 3.0., 19.33. 19. JUNDERTAKER Amid M. Date fam. 3.0., 19.33. 19. JUNDERTAKER Amid M. Date fam. 3.0., 19.33. 19. JUNDERTAKER Amid M. Date fam. 3.0., 19.33. 10. J	/	1/	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance	
SAWYER, BOKKEPER, etc. SawYer, Both Eper etc. SawYer, Both Eper et	8. Trade profession or particular	7	l ormin.	were as follows:	Data of onset
12. BIRTHPLACE (city or town) Morris Hill (State or country) & a & o md 14. BIRTHPLACE (city or town) Benfield (State or country) & a & o md 15. MAIOEN NAME Amie In. Cole (State or country) & a & o md 16. BIRTHPLACE (city or town) Content Benfield (State or country) & a & o md 17. INFORMANY In Home, or in Public Place. (Address) Filed Date Jan 30, 1933 Probeble (Signed) John fill many way related to occupation of deceased? 18. BURIAL, CREMATION, OR REMOVAL Place Collective States of importance: Other Contributary Causes of importance: Date of more injury Date of injury Date o	Nind of work done, as SPINNER,	nan			
12. BIRTHPLACE (city or town) Morres Hill (State or country) & a a co md 23 day 14. BIRTHPLACE (city or town) Benfield (State or country) & a a co md What test confirmed diagnosis? Was there an aulopsy? The cole 15. MAIOEN NAME Constant Benfield (State or country) & a a co md What test confirmed diagnosis? Date of injury	9. Industry or business in which	~~		acute Bunchitel	fuc.
12. BIRTHPLACE (city or town) Morres Hill (State or country) & a a co md 23 day 14. BIRTHPLACE (city or town) Benfield (State or country) & a a co md What test confirmed diagnosis? Was there an aulopsy? The cole 15. MAIOEN NAME Constant Benfield (State or country) & a a co md What test confirmed diagnosis? Date of injury	SAW MILL, BANK, etc.				- Freeze
12. BIRTHPLACE (city or town) Morres Hell (State or country) & a a Co md 14. BIRTHPLACE (city or town) Benfield (State or country) & a a Co md 14. BIRTHPLACE (city or town) Benfield (State or country) & a a Co md What test confirmed diagnosis? Was there an aulopsy? Ho 15. MAIOEN NAME Amic M. Cole 16. BIRTHPLACE (city or town) Center Bay (State or country) & a a co md 17. INFORMANT A State Report of the Cole 18. BURIAL, CREMATION, DR REMOVAL Place Cole 19. UNDERTAKER State Report (Address) 19. UNDERTAKER State Report (Address) 19. UNDERTAKER State Report (Signed) 19. Specify city or town, country of deceased? (Signed) 19. UNDERTAKER State Report (Signed) 10. Specify Control 11. Specify city or town, country and State) (Signed) 11. Specify Control 12. Specify city or town, country and State) (Specify ci		11. Total t	ime (years) nt in this		
(State or country) (Specify city or town, county and State) Spacify whather injury occurrad in INDUSTRY, In HDME, or in PUBLIC PLACE. (Address) (Specify city or town, country and State) Spacify whather injury occurrad in INDUSTRY, In HDME, or in PUBLIC PLACE. (Address) (Specify city or town, country and State) Spacify whather injury occurrad in INDUSTRY, In HDME, or in PUBLIC PLACE. (State or injury Natura of injury (State or injury In any way related to occupation of deceased? (If so, specify (Signed) (Signed) (Signed) (State or country) (State or country) (State or country) (Specify city or town, country and State) Spacify whather injury occurrad in INDUSTRY, In HDME, or in PUBLIC PLACE. (Specify city or town, country and State) Spacify whather injury occurrad in INDUSTRY, In HDME, or in PUBLIC PLACE. (Specify city or town, country and State) Spacify whather injury occurrad in INDUSTRY, In HDME, or in PUBLIC PLACE. (Specify city or town, country and State) Spacify whather injury occurrad in INDUSTRY, In HDME, or in PUBLIC PLACE. (Specify city or town, country and State) Spacify whather injury occurrad in INDUSTRY, In HDME, or in PUBLIC PLACE. (Specify city or town, country and State) Spacify whather injury occurrad	Tel-	310		Othar Contributary Causes of importanca:	
Author A	140 DIN THE LACE (CIT) OF COMIT)			a 1.0	2 /
14. BIRTHPLACE (city or town) Benfield (State or country) G G Co Md What test confirmed diagnosis? Was there an aulopsy? 160 15. MAIOEN NAME Amie M. Cole 16. BIRTHPLACE (city or town) Custor Bay (State or country) G G C Co Md TO THE MANY AND COUNTRY BUT AND COUNTRY BUT ACCIDENTS FILL 17. INFORMANY AND COUNTRY FILL 18. BURIAL, CREMATION, DR REMOVAL Place Cole May Confirmed diagnosis? Was there an aulopsy? 160 20. FILED AM 30, 1933 Appleable Name of operation. What test confirmed diagnosis? Was there an aulopsy? 160 21. If death was due to external causes (VIDLENCE) fill in also the following: Accidant, suicide, or homicide? Date of injury. Netweet did injury occur? (Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury. Natura of injury 19. UNDERTAKER Septiment Septim		1 - 11	2004	(annews muniona)	2 day
What test confirmed diagnosis? Was there an aulopsy? D 15. MAIOEN NAME And MA	B	mou	,		
15. MAIOEN NAME Aniel M. Cole 16. BIRTHPLACE (city or town) Cester Bay (State or country) a a constant Bay (State or country) a constant Bay (Address) Montes Hill Date Jan 30, 1933 17. INFORMANT Acidant, suicide, or homicide? Date of injury occur? Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Natura of injury 19. UNDERTAKER Acidant State St	14. BIRTHPLACE (city or town) (State or country)		a med		no
16. BIRTHPLACE (city or town) Carter Barf Accidant, suicide, or homicide? Date of injury. 17. INFDRMANT The form R Accidant Suicide, or homicide? Specify city or town, county and State) Spacify whather injury occurrad in INDUSTRY, In HDME, or in PUBLIC PLACE. Manner of injury. 19. UNDERTAKER Accidant, suicide, or homicide? Specify city or town, county and State) Spacify whather injury occurrad in INDUSTRY, In HDME, or in PUBLIC PLACE. Manner of injury. 19. UNDERTAKER Accidant, suicide, or homicide? Specify city or town, county and State) Spacify whather injury occurrad in INDUSTRY, In HDME, or in PUBLIC PLACE. Manner of injury 19. UNDERTAKER Accidant, suicide, or homicide? Specify city or town, county and State) Spacify whather injury occurr? Spacify whather injury	œ	4 -			
Where did injury occur? (Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, DR REMOVAL Placa Celear Field Date fan 36, 1933 Manner of injury Natura of injury 24. Was disease or injury In any way related to occupation of deceased? (Address) 15 o, specify (Signed)	T	4. 12.	1		
17. INFORMANT / Lotine R / Knott Spacify whather injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. (Address) / Morris Hill 18. BURIAL, CREMATION, DR REMOVAL Place Cellar Hell Date fam 30, 1932 Natura of injury 19. UNDERTAKER Schuff Schuff St St If so, specify (Address) / 15 f St St (Signed) / Manner of Manner of Injury In any way related to occupation of deceased? (Sopcify city or town, county and State) Spacify whather injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. (Address) / Manner of injury 19. UNDERTAKER Schuff Schuff St St If so, specify (Address) / 15 f St St If so, specify (Signed) / Manner of Injury In any way related to occupation of deceased? (Signed) / Manner of Injury In any way related to occupation of deceased? (Signed) / Manner of Injury In any way related to occupation of deceased? (Signed) / Manner of Injury In any way related to occupation of deceased? (Signed) / Manner of Injury In any way related to occupation of deceased? (Signed) / Manner of Injury In any way related to occupation of deceased? (Signed) / Manner of Injury In any way related to occupation of deceased? (Signed) / Manner of Injury In any way related to occupation of deceased? (Signed) / Manner of Injury In any way related to occupation of deceased? (Signed) / Manner of Injury Injur	O 16. BIRTHPLACE (city or town)	a. Co Co	and		, 19
18. BURIAL, CREMATION, DR REMOVAL Placa Celan Hell Date Jan 3.6, 19.33 Natura of injury 19. UNDERTAKER Start St		Knot		(Specify city or town, county and St	ite) LACE,
Placa Cellar Hills Date Jan 36, 1933 Natura of injury 19. UNDERTAKER Schurf Schurf (Address) (Address) 715 J. Els St 20. FILED aw 36, 1933 Arroballa (Signed) (Signed) (Signed)		1		Manner of injury	
19. UNDERTAKER Setting 24. Was disease or injury in any way related to occupation of deceased? (Address) 915 Lie lis St If so, specify (Signed) John M. D.	Place Cedar Hill	Date Jan	230,1933		
20. FILED J. S. C. FI		enny	~	24. Was disease or Injury in any way related to occupation of deceased? If so, specify	
(nonices)	20. FILED an 30, 1933	modera	alla Se Registrar.	(Signed) John Illuspand (Address) Chin Burn	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arterioselerosis 1915 1 week ago Chronic interstitial nephritis 1991 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

N. B.

PLACE OF DEATH County A Market Sel	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Breen hip (No.	St.: Ward) St.: W
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Month) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 2 to 9 192 192 192 192 192 192 192 192 192 1
7 AGE If LESS than I day ? hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work. (b) General nature of industry	Down aliver and in a slop-jon Oppidentally strongled before it was servored covered
business, or eatablishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory unable to resuscitate baby, two hours Secondary afterward. (Duration) yes mos do.
10 NAME OF FATHER ASIPH A Pare	(Signed) M. D.
OF FATHER (State or country) 12 MAIDEN NAME (State or country)	*State the Discase Causing Death, of, in daths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) (State of Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs disease contracted.
(Informant) I AMA HUNKhuk Pa	if not at place of death?
(Address) Frundshik mol	Barshu Jan 4, 1933
Filed Jan 4 1923 WAHardusty Registrar	Harry Hutchens ml Harman
If more bianks are needed, address State Registrar	, 16 W. Safatoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion amplies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specimena. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation (b) Automobile factory. The material Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature American Medical Association.) telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL scplicaemia," "PUERPERAL perilonitis," etc. "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic etc. valvular The contributory Always qualify all heart

If this certificate is looked over thoroughly and all qu stions enswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is parmanently filed.

8

MARGIN RESERVED FOR BINDING

HEALTH DEPARTMENT—CITY OF BALTIMORE

18.00	HEALIH DEI ARTMENT	CITTOI BALTIMORE UUISA
Pind	CERTIFICAT	E OF DEATH TO
sh sh	1. PLACE OF DEATH	Registered No. 2.5
State	CITY OF BALTIMORE: (No. 3 Edgewale Ng	(If death occurred in a hospital or institution, give its NAME instead of street/and number.)
IYSICI Exact	Length of residence in city or toon where death occurred yrs	mosds. How long in U. S. If of foreign birth? Q. yrsmosds
EX	2. FULL NAME Churles , J. Quins	iaswig
ed.	(a) Residence: No. 3 Selatualt /	St., Ward.
LY. ssified.	(Usual place of abode)	(If non-resident give city or town and State) MEDICAL CERTIFICATE OF DEATH
ate.	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. Color of Race 5. Single, Married, Widowed.	1, 1 2
Ex tific	Maule White or Divorced (write the ford)	21. DATE OF DEATH (month, day, year) / WM / 8 . 19 22. I HEREBY CERTIFY, That I attended deceased from
stated Expression of certification	5a. If married, widowed of divorcely	December 14, 1932 to Vanuary 18, 1933
	HUSBAND of Charlolle Stands	I last saw hazaralive on January 17 3. Death is said
l be ay b back	6. DATE OF BIRTH (month, day, year) may 20, 1841,	to have occurred on the date stated above, at
on mo	7. AGE Years Months Days If LESS than 1 day,hrs.	importance were as follows:
sh is	ormin.	Phyocaralilis 1930
GE the	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.	
s, sc nstr	9. Industry or business in which work was done, as silk mill,	
lied ee i	saw mill, bank, etc	
n te	this occupation (month and 8 spent in this occupation year)	Other contributory causes of importance:
ly splai	12. BIRTHPLACE (city or town)	
i i i	= 13. NAME John Lannakwelt -	
Tar	E 7	Name of operation Date of
er y	State or country)	What test confirmed diagnosis?Was there an autopsy?
F. F.	15. MAIDEN NAME WALLOWY 16. BIRTHPLACE (city or town)	lowing: Accident, suicide, or homicide?Datc of injury, 19
S C Z	16. BIRTHPLACE (city or tow)	Where did injury occur?
USI	221- Alexander Flandard - Deep	Specify whether injury occurred in industry, in home, or in public
CA	17. INFORMANT AS CONTROL OF COM	
for ate	18. BURIAL, CREMATION OR KIMOVAL	Manner of Injury
OS E.	Place auchy of one of au 20 -1000	Nature of injury.
AT)	19. UNDERTAKER TAS A DECENS	24. Was disease or injury in any way related to occupation of deceased If so, specify
	(Address) 1910/2 Form Con	(Signed) Jenry F. Buettner, M. D.
7.	20. FILED Registrar.	(Address) 13/19 Light St. Balto, mel.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and relate causes of importance were as follows:	d Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onget
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 yea
			1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage / Egg. 37.	July 5,1927	Peritonitis	3 days ago
8 48 40			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDIN

RESERVED

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	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroentcritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

should state or OCCUPA-PHYSICIANS RECORD. Every Exact statement stated EXACTLY. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

1. PLACE OF DEATH	1	I MIZAK	LAND		0137
County Anna	Arunde:	1		Registration Dist. No	22
Village Dr City	Jess	up	_ (lf	nd NoHouse of Correction st., death occurred in a hospital or institution, give its NAME instead of street an 18 ds. How long in U.S. if of foreign birth?	
2. FULL NAME (a) Residence: No.	James	O'Brien	of abode)	St. Ward. If nonresident give city or town a	and State
PERSONAL AND	STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR Whit	e	5. SINGLE, MAR OR DIVORCEI	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH January 15 (Month) (Day)	, 193 <u>Z</u> (Yeer)
5a. If married, widowed, or divorce HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and		enleuse Days	Unc.	22. I HEREBY CERTIFY. That i ettend November 29, 1932, to January I last saw him alive on January 14, 1936 to have occurred on the date stated above, at 3.144 m.	15 133
61		_	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:	Date of onset
8. Trade, profession, or pert kind of work done, as SAWYER, BDDKKEEPE 9. Industry or business in work was done, as SII SAW MILL, BANK, etc 10. Date decessed lest worke this occupation (month year)	SPINNER, ER, etc	sper	ime (years) nt in this pation	Chronic Parenchymatous	?
12. BIRTHPLACE (city or town) (State or country)	The So) norm		Dther Contributory Causes of Importance: Myocardial Insufficiency	11/28-3
13. NAME 14. BIRTHPLACE (city or town (Stete or country)	n)			Name of operation	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT / Llebrila, Mil House of Correction			Correto	23. If death was due to external causes (VIDLENCE) fill in also the follow Accident, suicide, or homicide? Dete of Injury Where did injury occur? (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC	, 19 State)
(Address) 18. BURIAL, CREMATION, DR REI Place 19. UNDERTAKER	MOVAL Lille L Mu	Date xan	17.,1933 el.	Manner of injury Neture of injury 24. Wes disease or injury in any way related to occupation of deceased?	
(Address) 20. FILED 20.19	3 3 QL	ha Mil	pl Dasluh ,	(Signed) Leavy Mah. (Addoss) Jessup, Mo.	M. D.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of importance were as follows:			Example II	
			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis		1921	Run over by street ear	1 week ago
Cerebral hemorrhage	7 1933	July 5,1927	Perilonilis	3 days ago
	BUREAU V.	8.		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	RECORD. Every item of infor-	. PHYSICIANS should state	Exact statement of OCCUPA-	
FOR BINDING	S IS A PERMANENT	stated EXACTLY	properly classified.	certificate.
V. S. No. 1 MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. BWR	matic	CAU	TIOL

		OF MAR	YLAND-	CERTIFICATE OF DEATH	1138	
1. PLACE OF DEA		a - 7		97)	1	
Village or City_Cr		ae, Md.	2 yrs 9 mos	Registration Dist. No. St., f death occurred in a happital or institution, give its NAME instead of street and s. 4 ds. How long in U.S. If of foreign birth?	i number)	
2. FULL NAME	Alber	t Owens timore	City	St., Ward.		
PERSONAL AN	ID STATIST	(Usual place		If nonresident give city or town as	nd State	
3. SEX 4. COLO	OR OR RACE	5. SINGLE, MAR	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH January 27 (Month) (Dey)		
ia. If married, widowed, or div HUSBAND of (or) WIFE of	orced ?			22. April HEREBY CERTIFY, That Lettende April 23 19 33 to Jan. 27		
. DATE OF BIRTH (month, de	ey, and year)	?		Hest saw h im elive on Jan, 27 19		
7. AGE Years 53	Months	Days	If LESS then 1 day,hrs. ormin.	were as follows:	Dete of onset	
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this securation (month and spent in this securation (month and spent in this spent in this securation (month and spent in this spent			er	Toxemia due to Terminial gangrene of foot	mos.	
work was done, es SAW MILL, BANK, 10. Date deceased last wo this occupetion (mo year)	rked at onth and	11. Totel t	time (years) int in this		- ago	
2. BIRTHPLACE (city or town (State or country)		8		Other Gentibuter Graces of importance osclerosis		
13. NAME Char 14. BIRTHPLACE (city or t (Stete or country)			d)	Name of operation Dete of		
	Rachel	9 /2002	1	Whet test confirmed diagnosis? Was there en		
15. MAIDEN NAME 16. BIRTHPLACE (city or t (State or country)	ATO	bama		23. If death was due to external causes (VIOL ENCE) fill in elso the following accident, suicide, or homicide? Dete of Injury Where did injury occur? The control of th	77,19	
17. INFORMANT Hospital Records (Address) Crownsville, Md.				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
Place	REMOVAL Sincelas) Dete 1/2 8	33,19	Menner of injury		
19. UNDERTAKER (Address)	21	The T	upr.	24. Was disease or injury by any way releted to accupation of deceased? If so, precify (Stenad	C M	
20. FILED	If more	blanks are needed	Registrar.	(Address) , 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
PES 4 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING V. S. No. 1

STATE OF MARYL	AND-C	ERIFICATE	OF DEA	IH 60	1139
1. PLACE OF DEATH		₹2-20			100
County W. W. Co.	A		Registration	Dist. No.	7
Village or City Camp Parolo	7-4	No. Md,		St.,_	Ward
Langth of rasidence in city or town where death occurredyr		eath occurred in Korpital or instit	ution, give its NAML of foreign birth?		
2. FULL NAME Marel Data	time !				16.2
(a) Residence: No. Jahn 19	21060	St Ward.			
(Usua) place of about				give city or town a	
PERSONAL AND STATISTICAL FARTICUL			ERTIFICATE	OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED Spring		21. DATE OF DEATH	Jan	7	102 \$
Female Cot. Wildow	e	((Month)	(Day)	(Year)
Ma. If married, widowed, of livorcad HUSBAND of (or) WIFE of	2	2. I HEREB	YCERTIF	Y, That I attend	ed deceased from
Jew July or			., 19, to		, 19
6. DATE OF BIRTH (month, day, and year) Williamsus		I last saw h alive on			; death is said
	au hea	to have occurred on the date stat			
or	min.	The PRINCIPAL CAUSE OF DEA wera as follows:	TH end related cause	es of importanca	Date of enset
8. Trade, profession, or particular kind of work dona, as SPINNER, House SAWYER, BOOKKEEPER, atc	-			·	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. Sawyer, Bookkeeper, Bo		Clubrae	Henn	mas	-
work was dona, as SILK MILL, SAW MILL, BANK, etc.		701 .0	2 1		
11. Total time (ye this occupation (month and	ears)	o acocy	des a	niesti	
year) occupation		Other Contributory Causes of Imp	ortana.		
12. BIRTHPLACE (city or town) More for fa		Other Conditionary Causes of Imp	ortance.		
(State or country)	A				
13. NAME (CST OF TOWN)	teres!				
14. BIRTHPLACE (city or town)		Name of operation		Data of	
(State of country)	-,	What test confirmed diagnosis?		Was thera a	n autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)		23. If death was due to external ca	usas (VIOLENCE) fil	l in also the follow	ring:
6 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?		Data of Injury	, 19
S (Stata or country)	``	Where did injury occur?	/6 4		
17. INFORMANT MAG Querry (Address)	md.	Specify whether injury occurred i	in INDUSTRY, In HO	town, county and S ME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR MEMOVAL	11/1/	Mannar of injury			
Place Ascassing Date for h	19.33	Nature of injury			
19. UNDERTAKER O has E fleets (Address)	fr - 2	24. Was disease or Injury in any v	way related to occupa	ition of deceased?_	
20. FILED Um 1) , 1933 Joyh S. Joy	ce ml	(Signed) (Address) Am	MAGA	kin	School or mer
If more blanks are needed, address			equesting U. S. No.	1.	W. M

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1 week ago 1921 Cerebral hemorrhage Peritonitis 3 days ago July 5, 1927 Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL	NAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAL
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of QCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-N. B.—WRITE PLAINLY,

FOR BINDIN

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1914)
1. PLACE OF DEATH County Cury Quencle	Registration Dist. No.
Village or City Harwy	No. St. Warr
	f death occurred in a hospital or institution, give its NAME instead of street and number) b. 6. ds. How long in U.S. If of foreign birth?yrs
2. FULL NAME 6 harly Plukering	
(a) Residence: No. Frostbugy Md	St., Ward.
(Usphiplace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE NOR DIVORCED (wrighthe word)	21. DATE OF DEATH (Month) (Day) (Pear)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Else Person	22. I HEREBY CERTIFY, That I ettended decessed from
6. DATE OF BIRTH (month, day, end year) Abbanus age 6.5	I lest sew h elive on, 19; deeth is said
7. AGE Years Months Days I LESS than 1 dey,	to heve occurred on the date steted ebove, etm. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were es follows:
8. Trede, profession, or perticular kind of work done, as SPINNER,	Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked et 11. Totel time (years)	Pringry course chimic
10. Dete deceased last worked et this occupation (month and years) spent in this occupation.	rephillis . Urenia
12. BIRTHPLACE (city or town) - Fultucky (State or country)	Other Contributary Causes of importence:
	arterioschoon
13. NAME OF WHITE RUNN 14. BIRTHPLACE (city or town) OF WAT RUNN (State or county)	Name of operation Dete of
(State of County)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME De Lena Perseur 16. BIRTHPLACE (city or town) Do Mile Survey (Stete or country)	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?, 19, 19
17. INFORMANT Eleve Gerkern (Address) Frostrug Usel	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piece Lit June Dete Line 19.33	Menner of injury
19. UNDERTAKER: 2 - CL ATUSALUS (Addiess) Baluville A	24. Was disease or injury in any way related to occupetion of deceased? If so, specify
20. FILED Jan 7, 1933 WI Claytor Neg bode Registrar.	(Signed) Miles Some Hall 3 M. D. (Address) Almas John Hall 3

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

STATE OF MAI	RYLAND-CERTIFIC	CATE OF	DEATH
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0	60	4	A	0
U	U	1	4	4

1. PLACE OF DEATH	@
County Cinne Cerundel	Registration Dist. No. 25
	No. Cheller & Third St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Attach 11 11 11 11 11 11 11 11 11 11 11 11 11	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME felt John fant of Micheles	and Edna fusavey
(a) Residence: No. Charles Y / fulled 44 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR -DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year to be born 5, 1933	Mast saw h alive on 19 ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER,	were as follows: Date of onset
SAWYER, BOOKKEEPER, etc	Jac Mory
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Date deceased last worked at this occupation (month and spent in this occupation)	
12. BIRTHPLACE (city or towns) Dwohlyn Heights (State or country)	Other Cantributory Causes of Importance:
13. NAME Mucheal Luasney	
13. NAME Mucheal of wasners 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
E Det	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) State or country)	Where did injury occur?
17. INFORMANT / Micheal Quasnay (Address) Charles Third et	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Lector Itale Date Jana 6 , 19 33	Manner of injury
19. UNDERTAKER John & Desnig (Address) 45 Jight St	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jane 19.33 Stan While Registrar.	(Signed) Address) M. D. M. D.
If more blanks are meded address State Peristran	2422 N Charles Street Relaimore Properties 71 S No.

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.- The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	L.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		SECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CORD. Every statement certificate properly RESERVED back may on that instructions MARGIN plain terms, important. i DEA OF WRITE CAUSE mation

19. UNDERTAKER
(Address)

20. FILED.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County_ Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. How long in U, S, if of foreign birth?______yrs_____mos.____ds. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Days 7. AGE Months If LESS than to have occurred on the date stated above, at_ 1 day, _____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10 Date deceased last worked at 11. Total time (years) this occupation (month and spent in this Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) HER I3. NAME FAT Name of operation_. 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis? Was there an autopsy? HER I5. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: MOT Accident, suicide, or homicide?______ Date of injury______, 19_____ 16. BIRTHPLACE (city or town). (State or country) Where did injury occur? ___ (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL CREWATION, OR REMOVAD Manner of injury Nature of injury.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify
(Signed)

24. Was disease or injury In any way related to occupation of deceased?

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be eomplete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the oecupation.

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. 1	. Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	GBAISCO	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

N. B.-

			F MAR	YLAND-	CERTIFICATE OF DEATH	144
	1. PLACE OF DEA	Arunde:	1		7	1
	County			ra	Registration Dist. No.	1
	Village or City	Crownsv	riee' w		No. St., death occurred in a horpital or institution, give its NAME instead of street and	Ward
	Length of residence in o	ity or town where d	eath occurred	3 yrs 5 mos	death occurred in a horpital or institution, give its NAME instead of street and	osds.
		Hataway				
	(a) Residence: No.	Princ	e Geor	ge County	St Ward.	
100.00	(-)		(Usual place	e of abode)	If nonresident give city or town and	State
_	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
3.		or or race lack	OR DAVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Jan. 30 (Month) (Day)	1933 (Yeer)
5a	. If married, widowed, or div HUSBANO of (or) WIFE of	urced Unknov	v.n		22. I HEREBY CERTIFY, That I attended deceased from July 31,1929 19 10 Jan. 30 1933	
6.	DATE OF BIRTH (month, da	v and veer) 1	865 (?)		: death is said
-	AGE Years	Months	Oays	If LESS than	to have occurred on the date stated above, aBL5_p_m.	
	68 (?)	?	?	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1000
NOI	8. Trede, profession, or particle kind of work done SAWYER, BOOKKE	perticular , as SPINNER, EPER, etc	labo	rer	General Arteriosclerosis	Oate of onset
CUPATION		SILK MILL.	Unkno	wn		
000	10. Oate deceased last wo this occupation (moyear)	onth and	sp	time (years) ent in this ? cupation		
12	BIRTHPLACE (city or town (State or country))	ryland	~~~~~	Other Cautributary Causes of Importance:	
ER	13. NAME			?		
FATHER	14. BIRTHPLACE (city or t (State or country)	own)		?	Neme of operation Date of Whet test confirmed diagnosis? Was there an	
ER	15. MAIDEN NAME			?	23. If death wes due to external ceuses (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city or t	own)		?	Accident, suicide, or homicide?Dete of Injury	
17	INFORMANT HOS (Address) Crow	pital Rensville,			(Specify city or town, county and State Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PL	ne) ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bladeneterg M. Date Feb 2, 1933					Manner of injury	
19	UNDERTAKER (Address)	Pasche	Son	Emf.	24. Wes disease or injury in any wey related to occupetion of deceased?	
20	FILED MI 53	19	3 10/	DYC Registrar.	(Signed) All Miles Maryl	W SM. O
Account to		If more	blanks are needed,		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	-110

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street ear 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

19. UNDERTAKER

20, FILED.

(Address)

FOR BINDIN

MARGIN RESERVED

V. S. No. 1

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH (1)14.,
CountyAnne_Arundel	
2. FULL NAME William John Siebert (a) Residence: No. Jacobsville (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married 5a. If married, widowed, or divorced (Mary Elizabeth)	21. DATE OF DEATH January 2nd 193 3 (Month) (Day) (Year)
HUSBAND of (or) WIFE of Mrs. W. J. Siebert 6. DATE OF BIRTH (month, day, and year) May Low I867 7. AGE Years Months Days If LESS than I day,hrs ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc. taglor 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this life occupation (month and year) 12. BIRTHPLACE (city or town)	were as follows: Chronic valvular heart dis- ease (mitral and aortic) Date of onset inde:
(State or country) Germany 13. NAME UNKNOWN	
14. BIRTHPLACE (city or town) Germany	Name of operation Date of What test confirmed diagnosts? Was there an autopsy? NO
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) (State or country) Termany	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
7. INFORMANT Mrs. Mary Siebert (Address) P. O. Pasadena, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Nature of injury

(Address)

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	Example I	0.00	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	PERENTED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	FED 4 1933	July 5, 1927	Peritonitis	3 days ago	
	PUREAU VS.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				1	

BINDIN

RESERVED

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The principal cause of death and related of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	2000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1300	July 5,1927	Peritonitis	3 days ago
BULEA	U V-8			
Other contributory causes of importance	e:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

RESERVED

MARGIN

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: ELIVER Arteriosclerosis 1915 Attack of emilensu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACLLY. PHYSICIANS should state ON OCCUPA-Exact statement properly classified. FOR BINDIN TION is very important. See instructions on back of certificate. MARGIN RESERVED be mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may

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1. PI	LACE OF D	EATH)		<u> </u>	48	
C	county Ann	e Arunde	1		Registration Dist. No. 21		
Village or City Annapolis Harbor					No	Ward	
L	ength of residence	In city or town where	death occurred		f death occurred in a horpital or institution, give its NAME instead of street and s		
2. Ft	JLL NAME	Lucy C.	Smith				
(a) Residence: N	o.Boat in	Annapol	lis Harbo	I' St., Ward.		
			(Usual place	of abode)	If nonresident give city or town an	d State	
3. SEX		OLOR OR RACE			MEDICAL CERTIFICATE OF DEATH		
Fem		white		RRIED, WIDOWED, ID (write the word) VOC	21. DATE OF DEATH Jan. 17, (Month) (Day)	, 193 3 (Year)	
HUS	rried, widowed, or SBANO of	divorced			22. I HEREBY CERTIFY That Lattended		
(01)	WIFE of Ot	to A. Smi	ith		22. I HEREBY CERTIFY. That I attended		
6. DATE	OF BIRTH (month	, day, and year) No	ov. 26.	1847	l last saw h alive on 19		
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, atm.		
	85	1	22	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	,	
z 8.	rade, profession, o	or particuler one, as SPINNER,	-		Heart failure due to	Date of onset	
2 1	SAWYER, BOOK	KEEPER, etc.	none		dilatation of muscles of		
A GO	ndustry or busine work was done.	ss in which es SILK MILL, NK, etc			the heart.		
SCCUPATION S	Date deceased last	worked at	11, Total t	time (years)			
00	this occupation year)	(month and	Sps	nt in this upation	**************************************		
	HPLACE (city or to State or country)	wn) Germs	any		Other Contributory Causes of importance:	-	
~	AME	an an Jean a					
I		unkno					
₹ 14. B	SIRTHPLACE (city of (Stete or count)	or town)	iknown		Name of operation Date of		
Z 15 N	AAIDEN NAME		known		What test confirmed diagnosis? Wes there an		
=		lare	nown		23. If deeth was due to external causes (VIDLENCE) fill in also the followin	•	
O 16. 8	(State or count	,	TITO WIT		Accident, sulcide, or homicide? Date of Injury Where did injury occur?	, 15	
17. INFOR	MANT Ed	ward C. V	Varren		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ile) ACE.	
	Address)	Emplose	is rua				
18. BURIAL, CREMATION, OR REMOVAL Place Jan. 20 19 3				20 7	Manner of injury		
. Р	lace J.I.	mus-	Dete Jan.	20 ,19	Nature of Injury		
19. UNOERTAKER John M. Taylor (Address) Annapolis, Md.					24. Was disease or injury in any way related to occupation of deceased?		
20. FILEO	Jan 2	0,19,33	740.8	Registrar.	(Signed) Am Med from Act	mer M. D.	
1	V	If more	blanks are needed,		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	KU.	

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 4 1922	July 5,1927	Peritonitis	3 days ago
	BULLATIV.B.	d d		
Other contributory c	duses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92:00
County Change Creendel	Registration Dist. No.
Village or City Coursespolis	No. 46 Sleare St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
S (1) · Q (4-	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME CLICE T. Slepning	·
(a) Residence: No. 4 6 Alebrual At (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
fluide Course Williams	Jany 2 1923
Se. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of	1 HEREBY CERTIFY, Thet I attended deceesed from
0	1933, to, 19
6. DATE OF BIRTH (month), day, and year) 7. AGE Years Months Days If IFSS than	Mast saw har alive on 1933; deeth is said
TA 1 1 dev. hrs.	to have occurred on the date steted above let
0 0 0 ormin.	were as follows:
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.	
9. Industry or business in which	Michael Mannethan
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed last worked at his receptable of work hand	mura of sayer of area confu
10. Dete decesed last worked at this occupetion (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Thew York; M. 4.	A A
(State or country)	thock
13. NAME aged Delaney	
13. NAME Cliffed Delauer 14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Mahala Juffene	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mahala Muffers 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CARRY (Address) 45 Alexander (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL . O aurapolis mad	Menner of injury
Place Blewer Stee Dete 1/3 1933	Nature of injury
19. UNDERTAKER TOO DIE TOUR BALLOW. BALLO	24. Was diseese or injury in eny wey releted to occupetion of deceased?
20. FILED Jak 4, 1933 frag le C. Frank	(Signed) Culture forth aimappeo hy
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of enilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County University and	Registration Dist. No.
Village or City Cumaperle 41h	No. 20 Carroll St., Ward
Length of residence in city or town where death occurred Ayrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) s
2. FULL NAME John T. Stenner	4
(a) Residence: No. / 46 Decord &	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 2. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Male Colored OR DIVORCED ("write the word) 5a. If married, widowad, or diworced	(Month) (Day) (Year)
HUSBAND OF alice V. Slepney	22. 1 HEREBY CERTIFY, That I attended deceased from 19
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
Ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows: Date of enset
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.	Hand Disecon
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	Dropul Heart
10. Date deceased last worked at this occupation (month and /2/3 6/3) spent in this year)	
12. BIRTHPLACE (city or town) And (State or country)	Dther Contributory Causes of importance:
13. NAME William Stepenen	
14. BIRTHPLACE (city or town)	Nama of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Herecella Johnson	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicida? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Addrass) 46 Sleond St.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Commapolis ma	Manner of injury
Place Date	Natura of Injury
19. UNDERTAKER Thu Me Jyluen (Address) 1700 The Jeffeld at.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3., 193 Amy C. J. ce W. Registrar.	(Signed John M. D. (Addrass) Amofile May be well M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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ECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-RECORD. Every stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.-WRITE PLAINLY, ż

FOR BINDIN

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93.0
County 60 1	Registration Fist. No.
Village or City Consulate O lis	No. OS Called St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?msds
2. FULL NAME here les 2	Sterring
(a) Residence: No. 3) Lalvert	St., Ward.
(Usual place of a bode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (gerite the word)	January 26 1933
5a. If married, widowed, or divorced HUSBAND of	(Mohlh) (Day) (Year)
(or) WIFE of Malenny Alexand	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Past saw h elive on Jamany 26, 19 33; deeth is sein
7. AGE Years Months Days If LESS than	to have occurred on the date stete above, at 7:90Pm.
3-5 3 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance wera es follows:
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	
SAWYER, BDDKKEEPER, etc.	Muzocarditis 6/9/3
work was done, es SILK MILL, SAW MILL, BANK, etc.	
O this occupation (month and spent in this	
year) occupation	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Common (State or country)	
13. NAME 14. BIRTHPLACE (city or town) 14. COLLAGE (city or town)	Nema of operation Date of
(State or country)	What test confirmed diagnosis? Was there on autopsy? LUS
15. MAIDEN NAME Tilly Coops	23. if deeth was due to externel causes (VIOLENCE) fill in also tha following:
0 16. BIRTHPLACE (city or town) Change of	Accident, suicide, or homicide? Date of injury, 19
(Stete or country) we call commend,	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Calarett	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place James Hell Date Jun 7.9., 1933	Nature of injury
19. UNDERTAKER Thanks Offices	24. Wes disease or injury in any wey related to occupation of deceesed?
(Address) and of the May	If so, specify
20. FILED 1933 - 194 Compa news	(Signed) taware W. Siere M. D
Registrar.	(Addrass) 3 3 Calving 24.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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or-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA	1. PLACE OF GEATH	- Way 001,32
\$ = \$	County Anne Arundul	Registration Dist. No.
should f OCC	Village or City Early / geigh to 1	Muyand
# 0	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
NS NS	Length of residence In city or town where death-occurredyrsmos	
RD. Every YSICIANS	2. FULL NAME / Da Relieges D	tincheomb
	(a) Residence: No. Annapalis (Osla) (Usual place of abode)	St., Ward. If nonresident give city or town and State
RECC PF Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. E.	4. COLOR OR RACE S. SINGLE, MARKIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH SANUARY 2 1953
NE	5a. If married, widowed, or divorced	(Month) / (Day) (Year)
	HUSBAND OF William Hendy thurses	22. I HEREBY CERTIFY, That I attended deceased from
G SX 2	Chial 15 C	, 19, to, 19, 19
B PE I	6. DATE OF BIRTH (month, day, and year) Color 6 1868	I last saw h; death is sai
FOR B IS A PE stated E properly	7. AGE Years Months DOS If LESS than 1 day,	to have occurred on the data stated abova, at 3, 10 m 47/
FC IS star	04 0 20 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
- 70	8. Trada, profession, or particular kind of work done, as SPINNER, Jacustesiche SAWYER, BOOKKEEPER, etc.	a site condination
(T)	SAWTER, BOOKREEFER, SIG.	- Course Carractes Carractes
RVI COULD	work was done, as SILK MILL, Retered	
SE NA Sh	U 10. Data deceased last worked at 11. Total time (years)	
REG I	this occupation (month and spant in this year) coupation	
N A L O	12. BIRTHPLACE (city or town Ann Arundel	Cher Contributor Causes of importance:
AID AD d. sd. s. s. sruce	(State or country) / Naces lefourd	Fuller and limbus sen a
RC NF. plie rm: nst	II 13. NAME Wesley Whieler	
	14. BIRTHPLACE (city or town) Anno Arundel Co	Name of operation
. = .= .0	(Stata or country) mercal land	Name of operation
Y. WITI	15. MAIDEN NAME Eliza Itim checomb	What test confirmed diagnosis? Was thera an auropsy? 23. If daath was due to external causes (VIOLENCE) fill In also tha following:
INLY, v be caref EATH in importan	16. BIRTHPLACE (city or town) In any land	Accident, suicide, or homicide? Date of injury, 19
7	State or country)	Where did injury occur?
	ma Rhuda Johnson	(Specify city or town, county and State)
PLA hould OF D	17. INFORMANTIFF Guest Johnson	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
shoul OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
三 四 四 二	Place If in ch combe Date Jan 5 , 1933	,
WRITH mation S CAUSE TION is	home cently	Nature of Injury
TICE I	19. UNDERTAKER John F Demail	24. Was disease or injury in any way related to occupation of deceased?
Z B	1 22 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	If so, specify um. C. Woodruff
» Z	20. FILED 19 4 - U - W G WIFE MA	(Signed) Linthiem telepher, M.
/	Registrar.	(Ardress)
	2, more blanks are needed, address State Kegistrar, 2	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	4. di 194	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

elly of the

BINDIN

RESERVED

-WRITE

CAUSE mation

LION

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT County Cinne irundel. Registration Dist. No. Village or City. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long In U.S. if of foreign birth? vrs. mos. (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Day) 5a. If married, widowed, or divorced HUSBAND of 22. 0 I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) 7. AGE If LESS than Yeers Months Days to have occurred on the date stated above, at. 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ 11. Total time (years) and 18. Date deceased last worked at this occupation (month and spant In this Au & occupation ____ Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis? Was there en autopsy?_. 15. MAIDEN NAME 23. If death was due to externel causes (VIOLENCE) fill in also the following:

MOTHER 16. BIRTHPLACE (city or town) ... (State or country)

(Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

20, FILED.

Registrar.

Accident, suicide, or homicide? Where did injury occur?...

pecify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,

Nature of injury

II so, specify (Signed) (Address)

Manner of Injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis 1933	1915	Attack of epilepsy	1 week ago		
Chronie interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
RUBI					
Other contributory causes of importance:	1	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastrocnteritis	1 year		

ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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19. UNOERTAKER (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

(Address)

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Should state Exact statement of OCCUPA-PHYSICIANS RECORD. Every stated EXACTLY. properly classified. IS A PERMANEN FOR BINDIN See instructions on back of certificate. VITH UNFADING INK-THIS MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. TION is very important. -WRITE B

1.	PLACE O					CERTIFICATE (OI BLAIII	00155
	County	Anı	ne Arunde	1			Registration Dist. No. 2	3
			Woodlawn			No	tion, give its NAME instead of street	
2.	FULL NA	ME	Aı	nna Ratel	lla Weber			
			Woodlaw		3	St.,Ward.	If nonresident give city or low	n and State
	PERSON	IAL AI	ND STATIST	ICAL PART	ICULARS	MEDICAL CI	ERTIFICATE OF DEAT	
3. SE F∈	x emale		OR OR RACE White		RRIED, WIDOWED, ED (write the word)		nary 26,	193 ³
	married, widow HUSBAND of (or) WIFE of	ved, or div		E. Weber			CERTIFY, That t atte	nded deceased from
6. D/	TE OF BIRTH	(month, da	ay, and year) De	cember 25	5, 1863	I last saw h_QT alive on		33; death is said
7. AG		69	Months 1	Days	If LESS than 1 day,hrs.	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT were as follows:	//	
OCCUPATION	R Trade profession or particular						Direase of 14	Data of enset
D 200	SAW MILL, BANK, etc					-		
12. B	tRTHPLACE (ci	ity or town ntry)	Baltim Mary	ore land		Other Contributory Causes of impo	rtance: Nyokuli	14-001
E E	13. NAME	1	Michel Sp	illman				
FATHER	4. BIRTHPLACI	E (city or t	I	reland		Name of operationWhat test confirmed diagnosis?	Sympolon Was there	
띫	5. MAIDEN NA	ME	Nancy Mi	tchel		23. If death was due to external cau		
MOTHER	(State of	(city or t	own)En	gland		Accident, suicide, or homicide? Where did injury occur?	Date of injury	
	(Address)	y6opt.	Myrtle Ma lawn Heig	y Weber hts, Md	\sim	Specify whether injury occurred in	(Specify city or town, county and INDUSTRY, In HOME, or in PUBLIC	d State) C PLACE.
18. B	Place Mt		// /	Joan Jan	30 1933	Manner of Injury		***************************************
	NDERTAKER (Address)	100		imore St.		24. Was disease or Injury in any wall if so, specify		-,
20. FI	LED.	J,	1933 K	blanks are and	Registrar.		burnie, Md.	

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: 1 week ago Arteriosclerosis 1915 Attack of epilepsu 1921 Run over by street car 1 week ago Chronic interstitial nephritis Julu5.1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every kem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

SIAIL OF MARYLAND-	-CERTIFICATE OF DEATH
α	(8-c)
County C C	Registration Dist. No.
Village or City Yamlesells mg	ND. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred 19 yrs.	nosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME William Web	er e
(a) Residence: No Gambailles and	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the Gord)	21. DATE OF DEATH (Worth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE-OI Louise Weber	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 2 - 1860	A
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	1,140
47 10 13 I day,hr	
- 8. Trade profession or particular	were as follows:
kind of work done, as SPINNER, Palered mensele	e Myocardilis wit Myocarsis &
kind of work done, as SPINNER, Policy Oncome SAWYER, BODKKEEPER, atc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (months and	They was a sure of the sure of
SAW MILL, BANK, atc	Arouthouses &
Spant III (III)	6
year) occupation occupation	Dther Cantributary Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	- Urterio Televosis
13. NAME Welliam Welser 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was dua to axternal causes (VIOLENCE) fill in also the following:
I 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Data of injury, 19
(State of County)	Whara did injury occur? (Specify city or town, county and State)
(Address) 5208 If the one Balls my	Spacify whather Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Date 19	Nature of injury
19. UNDERTAKER B. L. Happing. (Addiess) amaginate mo.	24. Was disease or injury In any way related to occupation of daceased? LLO
20. FILED Jan 16, 19 33 Jay 6 C. Registrat.	(Address) Curapalis not
If more blanks are needed, address State Revistra	//

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9.—The industry or business in which the work was done.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH pluods Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred ds. How long in U.S. if of foreign birth? ______ vrs. _____ mos. _____ ds. 2. FULL NAME (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Year) 5a. If married, widowed, or divorced-HUSBAND of 22. CERTIFY. That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years If LESS than Months Days to have occurred on the date stated shove at 1 day....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Date of opent 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. may 9. Industry or business in which plnods work was done, as SiLK MILL, SAW MILL, BANK, etc 10. Date deceesed last worked at 11. Totel time (yeers) this occupation (month and spent in this that occupation 12. BIRTHPLACE (city or town). (State or country) FATHER See 14. BIRTHPLACE (city or town). Name of operation. plain (State or country) What test confirmed diegnosis? Clinica refully MOTHER 15. MAIDEN NAME ııı 23. If deeth was due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?______ Oate of injury______ 19_ 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?__ DEA' (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE 17. INFORMANT should (Address) OF 18. BURIAL, CREMATION, OR REMOVA Manner of Injury mation CAUSE Nature of Injury TION 24. Was disease or Injury in any way related to occupation of deceased? 19. UNOERTAKER If so, specify Registrar. If hore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

RESERVED

MARGIN

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Evample II

Example 1	1	Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
FEB 4 1003				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	50
1. PLACE OF DEATH		(II-a)	100
County A	* • · · · · · · · · · · · · · · · · · ·	Registration Dist. No.	
Village or City Water	my	No	Ward
Langth of residence in city or town where death		death occurred in a hospital or institution, give its NAME instead of street and no death of the long in U.S. If of foreign birth?	
2. FULL NAME Henrich	Ha Wil	yyisyisyis	
	va Fina	Ot Ward	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. Colored 5a. 14 married, widowed, or divorced	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	193 3 3 (Year)
HUSBAND of (or) WIFE of	Wilson	1 HEREBY CERTIFY That I attended d	accessed from
5. DATE OF BIRTH (month, day, and year)	2 1480	I last saw h alive on accept 1 133	death is said
AGE Years Months	Days If LESS than I day hrs.	to have occurred on the date stated above, at 15 3 m. m.	
52 11	6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	mistro		
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Dete decased lest worked at this occuration (month and		Broscho precemones	
10. Dete decaased lest worked at this occupetion (month and year)	II. Totel time (years) spent in this occupetion	bry	1.10
a starting of the start of the	4	Other Contributory Causes of importance:	
2. BIRTHPLACE (city or town) (Stata or country)	anot	luttues day	1 1.2
13. NAME Sharles 1	levalt		1.1.2.
13. NAME Sharles. 14. BIRTHPLACE (city or town) (Stata or country)	A. mol	Name of operation Date of What test confirmed diagnosis? Was there an au	
15. MAIDEN NAME Louise	elevaro	23. If death was dua to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Zouse	A	Accident, suicide, or homicide? Deta of injury	
7. INFORMANT Lemms	Wilson	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	; CE.
8. BURIAL, CREMATION, OB-REMOVAL	mol		
Y/ nella la ma	ate Jan 21 1933	Manner of injury	
9. UNDERTAKER 43 (Address)	Angen -	24. Was disease or injury in eny way related to occupetion of deceased?	4
10. FILED Jan 21 , 1933 July C	e.g. red	(Signal) leabrose Tarcea (Address) of Mest of Occur	LA.
If more blank	s are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	the

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BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state item of infor-OCCUPA-Exact statement of PHYSICIANS RECORD. Every stated EXACTLY. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. ä

FOR BINDING

MARGIN RESERVED

V. S. No. 1

ż

1. PLACE		JE MIAK	YLAND—	CERTIFICATE OF DEATH	00159
County	Anne Arunde	1		Registration Dist. No.	21/
Village or	Cnow	sville	¬ (II	No. Holl Hogy No. death occurred in a hospital or institution, give its NAME instead of	_St.,Ward
Length of re	esidence in city or town where	death occurrad	yrs,mos		ds.
2. FULL Na (a) Reside	516	Winn Dolphin (Usual place	of abode)	St., Ward. If nonresident give city or	town and State
PERSO	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DE	EATH
3. SEX Male	4. COLOR OR RACE Black	OR DIVORCE	RRIED, WIDOWED, ED (write the word) ETSTED	21. DATE OF DEATH January (Month) (Day)	193
5a. If married, wide HUSBAND of	owed, or divorcad			(Month) (Day)	(Year)
(or) WIFE of	?			22. I HEREBY CERTIFY, That I	
6. DATE OF BIRTI	H (month, day, and year)	- B		December 19 32 to January i last saw h im alive on January 22,	7, 193 , 1933; death is said
	ears Months	Days	if LESS than 1 day,hrs.	to have occurred on the data statad above, at 8:15p.m.	
	70 ?		ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Import were as follows:	Data of onset
Z 8. Trada, pro	fession, or particular work dona, as SPINNER.			Septicemia due to	
SAWYE	Work dona, as SPINNER, ER, BOOKKEEPER, etc			Erysiplas	?
SAW M	r businass in which was done, as SiLK MILL, IILL, BANK, atc	Gardner			
10. Date dece	ased last worked at cupation (month and	spe	time (years) ent in this upation		
12. BIRTHPLACE (ginia		Other Contributary Causes of Importance:	
(State or co	Gillie	Winn		Erysipelas	
13. NAME	GITILE	ATTITI			
14. BIRTHPLA		<i>irginia</i>		Name of operationNone	Data of
(Stata	or country)			What tast confirmed diagnosis? Was	there an autopsy?
15. MAIDEN N	IAME Rena ?			23. If daath was due to extarnal causes (VIOL ENCE) fill in also that	following:
	CE (city or town)or country)	Virgini		Accident, suicide, or homicide? Date of inju	
17. INFORMANT (Address)	Hospital Crownsville	Records		(Specify city or town, count Specify whether injury occurred in INDUSTRY, in HOME, or in P	y and State) UBLIC PLACE.
	ATION, OR REMOVAL	Date Day	n 26,33	Manner of injury	
19. UNDERTAKER	Mrs RA	Elli	ott	Nature of injury 24. Was disease or Injury in any way related to occuration of deci	easad?
20. FILED 2-3	34	8(8)	10th	Signate August A	roell M.D.
		1	Registrar.	(Address)	

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Date of onset of importance were as follows:

Example II

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5,1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: -Gallstones May 1,1923 Gastroenteritis 1 year

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MARGIN

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ogo
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		>
,	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Registration Dist. No. shoul (If death occurred in a hospital or institution, give its NAME instead of street and number) CIANS vrs. mos. How long in U.S. if of foreign birth?_ de 2. FULL NAME RECORD (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE. 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of BINDIN ERTIFY. That I ettended deceased from (or) WIFE of C 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 dayhrs The PRINCIPAL CAUSE OF DEATH and related causes of importance __min. were as follows: Oate of enset 8. Trade, profession, or particular HIS kind of work done, as SPINNER, RESERVED SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which plnous OCCUP work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (yeers) this occupation (month and spent in this that occupation ____ instructions Other Contributory Causes of importance ARGIN 12. BIRTHPLACE (city or town) (State or country) terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) _____ plain (State or country) carefully Whet test confirmed diegnosis? ______ Was there an autopsy?_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: in Accident, suicide, or homicide?... DEATH 16. BIRTHPLACE (city or town) (State or country) Tro my un Where did injury occur?____ should be (Specify city or town, gounty and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT. (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE Tun 6 193 mation LION Neture of injury related to occupation of deceased? 19. UNDERTAKER (Address) If so specify Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BOLDAD V. G.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			-	